UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/L.5
20 March 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
1992 session

POLICY REVIEW

ACHIEVEMENTS MADE IN THE IMPLEMENTATION OF THE UNICEF POLICY ON WOMEN IN DEVELOPMENT, INCLUDING THE SITUATION OF THE GIRL CHILD

Progress report

SUMMARY

The present report reviews the progress made in the implementation of the UNICEF policy and strategy on women in development adopted in 1987 (E/ICEF/1987/11, decision 1987/18) and in the priority focus on the girl child approved by the Executive Board at its 1990 regular session (E/ICEF/1990/13, decision 1990/17). Chapter I focuses attention on selected key areas of national policies on women, their social and legal status, their participation and decision-making capability, as well as the role of men. These areas are seen as strategic and essential conditions that influence women's access to economic resources and social development opportunities provided by UNICEF programme interventions in health, nutrition, education, water supply and sanitation and other basic services.

Chapter II details the progress made in the situation of the girl child, as requested by the Executive Board for 1992 and every second year thereafter. It analyses some of the major challenges facing girl children and adolescent girls: pervasive, negative socio-cultural attitudes; preference for male children; disparity in education; health hazards, including female genital mutilation and adolescent human immunodeficiency virus/acquired immune deficiency syndrome; early marriage; teenage pregnancy; and the growing numbers of girls in especially difficult circumstances (child prostitutes, domestic servants and victims of violence). It summarizes the responses made so far to these issues in different regions.

92-13084 3225e (E) 270492 270492

/...

Chapter III suggests areas for further action, including women's legal education, economic independence and strengthened decision-making capacity; massive advocacy and mobilization to increase girls' education; eradication of female genital mutilation, early marriage and adolescent pregnancies; raising the minimum age of marriage for girls to 18 years; and mobilization of men to assume their shared responsibilities for family welfare and the survival, protection and development of girl children and women.

CONTENTS

	Paragraphs	Page
INTRODUCTION	1 - 2	4
I. PROGRESS IN SELECTED KEY AREAS OF WOMEN'S STATUS AND DEVELOPMENT	3 - 30	4
A. Overview	3 - 9	4
B. Selected key issues in women's status and development	10 - 30	6
II. PROGRESS IN THE SITUATION OF THE GIRL CHILD	31 - 94	11
A. Challenges	31 - 63	11
B. Programme responses and opportunities	64 - 94	19
III. FURTHER ACTIONS	95 - 98	28
A. Women's status and development	97	28
B. The girl child	98	29

INTRODUCTION

1. The Convention on the Rights of the Child, the World Conference on Education for All, the World Summit for Children and the human development initiative have created new opportunities in this decade to advance human rights and development opportunities of women, beginning in childhood. The new priority focus given to the girl child by the UNICEF Executive Board (decision 1990/17) and endorsed by the World Summit introduced a fundamental, long-range perspective into global efforts to change the status of women in society and increase their participation in the development process. In achieving these goals, attention should be focused on both the programmatic and strategic concerns of girls and women. Progress must be continually monitored and evaluated to ensure equity between genders.

2. The annual progress reports of 1990 (E/ICEF/1990/L.1) and 1991 (E/ICEF/1991/L.5) on the implementation of UNICEF policy on women highlighted achievements and challenges of important concern to women, particularly income generation, economic opportunities, health, nutrition, education, water supply and sanitation and other basic services.

I. PROGRESS IN SELECTED KEY AREAS OF WOMEN'S STATUS AND DEVELOPMENT

A. Overview

3. The World Summit for Children made a commitment in its Declaration to "work to strengthen the role and status of women". The Plan of Action recognized that ensuring women's equal access to and participation in development and enhancing their status would have a positive synergistic effect on the overall development process of all countries and on the survival and well-being of children. This commitment and perception reinforce the goals of the United Nations Decade for Women (1976-1985) and the objectives of the 1985 Nairobi Forward-looking Strategies for the Advancement of Women to the Year 2000.

4. UNICEF programmes of cooperation have responded increasingly to important practical concerns of women, particularly in health care, nutrition, education, income and employment, water supply and sanitation. Greater attention is now being given to addressing strategic issues for women - the nature of national policies, social and legal status, participation, decision-making and the role of men. Although interventions in practical areas help to improve the quality of life of women, their long-term positive impact depends on fundamental changes and sustainable progress in the role and status of women.

5. Sectoral interventions to improve the quality of life succeed best in a favourable environment of policies, laws, resources and popular participation. Such an environment is necessary for the well-being of women

and children in the face of deepening economic crisis, external debt, structural adjustment, economic liberalization, war, civil strife and profound political changes.

6. Economic recession, structural adjustment and high inflation continue to undermine the survival of women, who constitute the majority of the poor in many countries. Increasingly, women and adolescent girls, especially in Africa and Latin America, are forced to work for minimum wages or in the barely profitable informal sector. Most countries in Latin America and the Caribbean have reported increases in malnutrition among children under five years of age. Malnutrition among women is not well reported, but the large number (up to 20 per cent) of babies born with low birth weight in Africa, Latin America, the Caribbean and South Asia is an alarming indicator.

7. Such recent events as the crisis resulting from the situation between Iraq and Kuwait, changes in South Africa and the democratization process seem to have direct consequences with regard to the role and status of women. However, much closer monitoring and systematic studies are needed before definitive assessments can be made. The repatriation of workers from South African mines to the front-line States seriously diminishes family incomes as remittances are curtailed. The situation between Iraq and Kuwait presented similar challenges to women and their families in Bangladesh, Egypt, Morocco, Pakistan, the Sudan, Yemen and Viet Nam.

8. Malnutrition and ill health threaten over 250,000 children under the age of 12 years. Unemployment in Viet Nam, which reached nearly 20 per cent in urban areas in 1990, rose even higher with the return of 17,000 workers from Iraq and approximately 90,000 workers from Eastern Europe. Recent pressures have led, for example, to a decline in the coverage of the day-care centre network in the country, and underscore the urgent need for adequate policies and laws to protect and empower women to fulfil their responsibilities and share in the determination of the future development of their countries.

9. Environmental considerations form a major dimension of any analysis of the situation of women in development. Any sustained improvement in the environment requires women's active involvement and participation because of their role as resource managers, food producers and educators, particularly in female-headed households. Such linkages between women, children and the environment, together with UNICEF programmes of cooperation which address this issue, have been the focus of a number of studies and activities throughout the past year. The UNICEF paper prepared for the symposium "Women and Children First" in May 1991, sponsored by the United Nations Population Fund (UNFPA) and UNICEF, was the first of a series of substantive UNICEF inputs on women, children and the environment leading up to the United Nations Conference on Environment and Development.

B. Selected key issues in women's status and development

National policies regarding women and development

10. During the United Nations Decade for Women, most countries made commitments to give priority to the formulation of coherent national and sectoral policies for the advancement of women. However, this objective has yet to be achieved in many developing countries. Several countries report that the absence or inadequacy of national policies on gender and women's issues is due mainly to insufficient political will, lack of reliable data and frequent changes in the institutional base for policy formulation.

11. UNICEF promotes national and sectoral policies for the advancement of women through advocacy, policy-oriented research and technical cooperation. Major policy-oriented studies have been carried out on the impact of the economic crisis and structural adjustment on women (Argentina, Brazil, Dominican Republic, Ecuador, Haiti and Jamaica). In 1991, the National Women's Federation of Tunisia and UNICEF jointly established a research centre to focus on policy and advocacy issues regarding women and development. A study on Women in Difficult Circumstances was published by the Government of Mozambique in 1991 to draw the attention of policy makers and planners to the plight of women living in war and crisis situations. The concept of "women in especially difficult circumstances" has also been articulated by the Governments of Namibia and Pakistan in their country programme submissions to the Executive Board, which emphasize the need to develop active, rather than remedial, policies and strategies for poor and disadvantaged women.

12. Several countries are engaged in collecting gender-disaggregated data and developing socio-economic indicators on women to improve policy formulation. For example, the Central Agency for Public Mobilization and Statistics of Egypt and UNICEF conducted a joint study in 1991 on Women's Participation in the Labour Force. This study helped to modify census definitions of unpaid family work and counted women's participation in both the formal and informal sectors. As such, it revealed a higher participation rate for women than the census data showed (from 7 per cent in 1975 to 37 per cent in 1988, as opposed to 7 per cent in 1976 to only 10 per cent in 1986 in the census). It further exposed the severe constraints that child-rearing and family responsibilities place on women's employment and the importance of education in increasing women's employment opportunities. National and international policy formulation for women has been greatly facilitated by the 1991 inter-agency publication The World's Women, 1970-1990: Trends and Statistics.

13. During 1991, UNICEF continued to provide policy support to existing and new national machineries created to articulate women's concerns and to monitor progress in over 40 countries. UNICEF sponsored and facilitated the first-ever national workshop organized in June 1991 by the newly established Department for Women's Affairs in the Office of the President in Namibia to enable women from all parts of the country to identify their priorities. This Department used the conclusions of the workshop to formulate proposals for the country's Transitional Development Plan and other national policies. Prior to

the National Land Conference of Namibia in June 1991, UNICEF sponsored senior staff of the Department and other counterparts on a working visit to the neighbouring countries of Botswana and Zimbabwe to study the issues of women's rights and access to land. This resulted in the adoption by the conference of a resolution to protect women's access to land.

14. In the Latin American and Caribbean region, women's bureaux in 20 countries received support to strengthen their capacity to cooperate with other government agencies and NGOs to promote policies in favour of women. In Colombia, studies on socialization and role formation, gender, profiles of women and girls, as well as a seminar on women and human rights, formed part of UNICEF support given to the Presidential Advisory Office for Youth, Women and the Family in its task of preparing an Integrated Policy for Colombian Women. Active advocacy involving parliamentarians from regional Governments has resulted in the adoption by the Andean Parliament (Bolivia, Colombia, Ecuador, Peru and Venezuela) of the theme of "Women in the development and integration of the Andean area" for its May 1992 meeting in Caracas, Venezuela.

15. In India, Indonesia, Malaysia, the Philippines and Thailand, policy support is aimed at consolidating the various needs of women. In India, an independent National Commission on Women has been established to provide policy support and to monitor progress. New opportunities were created in many countries by the preparation of the national programmes of action for the 1990s which incorporate appropriate policy goals and targets to improve the status and quality of life of women.

Social and legal status

16. In many countries, the low status of women is one of the major obstacles to their advancement. Low social status often begins at birth where preference for male children, undervaluation of women's work and a perception of daughters as a social and economic liability influence the investments that families and societies make in them. Customary, religious and civil laws in many countries discriminate against girls and women, even where the national constitutions accord them equal rights. The most serious concerns are over women's rights in marriage, inheritance, ownership of land and other property and access to credit. Another area of serious concern is violence against women.

17. However, significant changes have taken place in many countries in Africa, the Middle East and South Asia as a result of education, new, more favourable laws and demands for women's rights. UNICEF is promoting the review of existing laws in Belize, Botswana, Colombia, El Salvador, Guatemala, Kenya, Papua New Guinea, the United Republic of Tanzania and other countries. Some countries (Burkina Faso, Cape Verde and the Niger) have revised their family codes to ensure women's rights in inheritance, marriage and divorce.

18. In the Dominican Republic, UNICEF assisted the Women's Bureau and the Coordinating Association of non-governmental organizations (NGOs) in a social communications campaign for legal reforms in favour of women. A television

spot called "Legislate for Women" is aired regularly and a project is being prepared to establish clinics for women throughout the country to provide legal education, aid and counselling. UNICEF has joined a group of donors, including the Danish International Development Agency, the Swedish International Development Authority, the Ford Foundation, the Canadian International Development Agency, the Swedish Agency for Research Cooperation with Developing Countries, the United States Agency for International Development (USAID) and the Nuffield Foundation, to support a major research project on "Women and Law in Southern Africa", started in 1988. Covering Botswana, Lesotho, Mozambique, Swaziland, Zambia and Zimbabwe, the project has produced policy-oriented reports, influenced legislation and mobilized women in different communities to learn about their legal rights.

19. Zimbabwe has passed the Legal Age of Majority Act which frees women from the permanent control of their fathers; the Matrimonial Causes Act which protects a divorced woman's rights to property jointly acquired during marriage; and the Sex Disqualification Act, which forbids sex discrimination, especially in employment. Other countries are using legislation to improve the health and working conditions of women. In Tunisia, women working in the public sector have been granted six months maternity leave. Similar legislation has been drafted in Thailand to extend maternity leave to 90 days with full pay and a further three months without pay. The new legislation will enable new mothers to have adequate time to rest and breast-feed exclusively.

20. The enactment of laws is a positive step, but to be effective the laws must be enforced. For example, in Indonesia, the legal age of marriage is 16 years for girls and 19 years for boys, but many girls marry before the age of 16. This has necessitated action on the part of the Office of the State Minister for the Role of Women, the Department of Religious Affairs and several women's organizations to conduct nationwide advocacy on the implementation of the marriage law, stressing the adverse effects of early marriage on the health and well-being of children and women.

Participation and decision-making

21. New opportunities appear to be opening up for women to increase their participation and decision-making in the democratization process now taking place in many countries. UNICEF has used advocacy, as well as information gained from its substantive national situation analyses, to support women in this process. In a nationwide mobilization in Guinea, 1 million women were informed about their role in democratization and changes in the development process. The Government of Zimbabwe has conducted training courses to inform over 600 women political representatives of their rights. Similar support was given to a national seminar for the new Ministry for Women in Development and for women in parliament and women members of the various levels of the National Resistance Committees in Uganda.

22. Innovative approaches that involve women in decision-making at decentralized levels are being tested. Thus the UNICEF office in Colombia has

assisted in the establishment of a unit for women in the Mayor's Office in Cali in an effort to institutionalize women's policy and participation at the municipal level. This complements the community- and village-level participation by women's groups and NGOs which has been well developed, with UNICEF assistance, in several other countries. In India, a proposed Panchayat Bill for the decentralization of power has advocated at least 30 per cent participation of women at all levels, starting with the level of community-based organizations.

23. In other contexts, Governments have supported or encouraged the participation of women through mass organizations and associations. Some of these, like the All-China Women's Federation and organizations for women in Cambodia, Cape Verde, Ethiopia, Mozambique and Viet Nam, have collaborated with UNICEF in advocacy and programme delivery for women and children. The status of many of these organizations has changed in the process of democratization and political change. The dismantling of the Revolutionary Ethiopian Women's Association and other mass organizations in Ethiopia has left a vacuum in the capacity to implement programmes at regional, district and local levels that has yet to be filled. In Viet Nam, the Women's Union, which had taken a leading role to promote children's health and women's issues, is faced with the withdrawal of government salary support to its central staff, making it difficult for the Union to carry out its development activities. Furthermore, basic service programmes in health, in implementing the strategies of the Bamako Initiative and in water supply and sanitation need to develop suitable mechanisms for women to share in decision-making and management. This is especially important where community cost-sharing, community management, time and labour contributions are involved in increasingly liberalized and privatized economies.

The role and participation of men

24. The participation of men in child survival and development activities, as well as in the advancement of women, has been recognized and emphasized by the UNICEF Executive Board. Article 5 of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) also urges States parties to take appropriate measures to modify social and cultural patterns of conduct of men and women with a view to eliminating prejudices and stereotypical roles based on the inferiority or the superiority of either sex.

25. Much remains to be achieved in these areas. Present efforts in UNICEF increasingly include men in gender training programmes for key national officials and project managers as well as for UNICEF staff. In addition, UNICEF advocacy and social mobilization activities have reached many religious and community leaders, parliamentarians and high political officials in all regions. The successful programme of the Barbados Area Office on "better parenting" emphasizes men's shared responsibilities in family welfare, child care and women's development. Within that programme, active campaigns by the Child-Care Board of Barbados have generated national discussions in the media, the workplace and the home.

26. Many countries have stressed the need to intensify the mobilization and involvement of men, particularly in women's and children's health and education, family planning and safe motherhood. In November 1991, a national safe motherhood conference in Namibia, supported by UNICEF and UNFPA and presided over by the President of Namibia, strongly emphasized the role of men in its major recommendations. In many countries men decide on family planning and the schooling of children, often to the detriment of women and girl children. This calls for greater advocacy for men to change their attitudes. In the area of health, a 1991 evaluation study of the impact of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) education and social communication in Uganda showed a positive trend of women changing their sexual behaviour. However, men were not changing their behaviour as fast, thus continuing to place women at high risk of infection.

Capacity-building and training

27. An increasing number of countries are improving the capacity of their personnel through training in gender analysis and gender-responsive planning, with assistance from UNICEF and other organizations. In Indonesia, the Office of the State Minister for the Role of Women has conducted such training for decision makers, planners and programme managers to increase their awareness of the specific needs of women and girl children in the development process.

28. Similar orientation and training of key personnel have been given with UNICEF assistance in Brazil, Chile, the Dominican Republic, Ecuador, Ethiopia, Kenya and the Philippines. In Kenya, training was conducted for district-level officials and programme implementers so that planning at all levels could reflect effectively gender and women's concerns. In Ecuador, an inter-agency committee comprising UNICEF, the United Nations Development Programme (UNDP), UNFPA, the World Food Programme (WFP), the United Nations Development Fund for Women (UNIFEM), the World Health Organization (WHO)/Pan American Health Organization (PAHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), USAID and the Cooperative for American Relief Everywhere, Inc., prepared a common gender training package for project managers, implementers and beneficiaries. The regional programme for the empowerment of women in Latin America and the Caribbean has organized workshops on gender analysis and experience exchange on policies and programmes.

29. Capacity-building for UNICEF staff is also progressing using a multi-pronged strategy. In 1991, 100 education programme officers, regional advisers and senior programme coordinators in the Middle East and North Africa, English-speaking Africa and Asia regions were trained on a module on "gender and formal and non-formal education". Similar training in education for French-speaking countries and regional training in water supply and sanitation with a new gender module are scheduled for 1992.

30. Several country offices have also undertaken gender training for their staff. Two UNICEF regional networks on women in Latin America and the Caribbean and Eastern and Southern Africa focused on gender training in their

annual meetings in 1991. In October 1991, the Women in Development Subgroup of the Joint Consultative Group on Policy organized a training seminar in Yaounde, Cameroon, on gender and women's issues for 35 senior staff of UNICEF, UNDP, UNFPA, WFP, the International Fund for Agricultural Development (IFAD) and 12 senior officials, including three ministers, from nine countries (Burundi, Cameroon, Chad, the Central African Republic, the Congo, Mauritania, Rwanda, Sao Tome and Principe and Zaire).

II. PROGRESS IN THE SITUATION OF THE GIRL CHILD

A. Challenges

31. The girl child is defined within the context of the Convention on the Rights of the Child as a girl from birth to 18 years of age. Different countries, of course, have different ages of majority and varying legal age provisions for marriage, civil rights and obligations. Within the broad range of girl children, certain age cohorts (up to 5, 6-10, 11-15 and 16-18 years) may be specified to distinguish the incidence, severity or diversity of particular issues. Gender-disaggregated research on children is in its infancy in most regions, except in a few countries (Bangladesh, India, Indonesia, Nepal and the Philippines). The available data and anecdotal evidence indicate a complex set of challenges that have resulted from systemic and institutionalized discrimination, undervaluation and underinvestment in girl children.

Demographic challenge

32. The magnitude of the problems may be appreciated from a demographic perspective. For example, women constitute approximately 52 per cent of the population of Africa, where nearly 55 per cent of the total population is under 20 years of age. In 1990, girls up to 15 years of age as part of the female population constituted 40 per cent in Egypt and Morocco; 44 per cent in Algeria and Mauritania; 45 per cent in Ethiopia and Mali; 46 per cent in Djibouti and Somalia; 48 per cent in Nigeria, Uganda and the United Republic of Tanzania; 50 per cent in the Côte d'Ivoire; and 52 per cent in Kenya. In numerical terms, there were over 10.6 million, 6.5 million and 27.4 million girl children under 15 years of age in Egypt, Kenya and Nigeria, respectively. 1/

33. In South Asia and China, there is a historical excess of males because death rates in young age-groups are relatively higher for girls than boys. Even so, the size of the girl child population is impressive. In 1990, the number of girls aged 0 to 15 years old was 24.7 million in Bangladesh, 143.3 million in China, 152.6 million in India and 27.1 million in Pakistan. Although the proportion of girls under the age of 15 years in the female population dropped to about one third in Latin America and the Caribbean region between 1970 and 1990, that figure remains significant in view of the high incidence of adolescent pregnancy. In 1990, the proportion of girls under 15 years of age in the female population ranged from 29 to 45 per cent

in Argentina, Bolivia, Colombia, Guatemala, Jamaica and Peru. Girl children under the age of 15 numbered over 27.4 million in Brazil, 5.7 million in Colombia and 16 million in Mexico. 1/

Social and legal status

34. The constitutions and laws of most countries affirm the equal rights and status of women and men from birth. As a result, it is often difficult to document incidences of inequality and disparity. Among the dicriminatory cultural values, preference for sons is especially prevalent in Africa (the Gambia, Guinea, Kenya, the Niger, Nigeria, Somalia, Uganda and the United Republic of Tanzania); the Middle East and North Africa (Egypt, Jordan, Morocco, the Sudan, the Syrian Arab Republic, Tunisia and Yemen); and Asia (Bangladesh, China, India, Nepal, the Republic of Korea, Malaysia and Pakistan), where it is perhaps at its strongest. These societies place a premium on having sons. For example, proud fathers in Guinea, Nepal and Pakistan pay higher fees or rewards, sometimes twice as high, to midwives and birth attendants for delivering baby boys rather than baby girls. Even modern science has been pressed into action to support the discrimination against girl children; through in utero diagnosis by amniocentesis and ultrasound, an estimated 78,000 female foetuses were aborted in India between 1978 and 1983. 2/

35. From early childhood, girl children in many cultures are socialized to be self-sacrificing persons destined for biological reproduction and service to others, especially to males in their families and communities. Despite national constitutions and civil laws, many traditional cultures teach girls and women to perceive themselves as social minors in relation to boys and men.

36. By contrast, the boy child is valued as the future primary economic provider for his family and ageing parents. He is also expected to continue the family name, social power and religious traditions. As such, boys are given priority in the allocation of family resources. They are the only ones who can inherit family lands and other properties from their fathers in many countries in Africa, the Middle East and South Asia. In cases of severe poverty, the family resource allocation and investment become even more skewed, to the detriment of girl children. An ironic dimension of the problem is that very often women as wives, mothers, aunts and mothers-in-law are the principal inculcators of the restrictive values and practices in girl children because of their own cultural conditioning. This suggests that the earlier the status of women changes and economic independence and political participation are assured, the easier it will be for girl children to look up to more positive role models as they grow up.

Health and nutrition

37. Challenges that face girl children in health and nutrition tend to be age- and region-specific. In the Americas and the Caribbean, there seems to be no discernible difference in the health care and nutritional status of girls and boys. Only anecdotal evidence suggests some gender differentials in

poor, mainly indigenous, communities (Bolivia, Chile, Ecuador and Guatemala), but this requires better research. Most sub-Saharan African countries also show no significant differences in morbidity, malnutrition and mortality between girl and boy children under five years of age. In fact, most countries in the two regions report a slightly better health and nutritional status of younger girls.

38. Disparities among African girl children emerge from age six years onwards and become exacerbated after puberty. At six years of age, most African girls become veritable work partners of their mothers, sharing their heavy burdens in households, farms and markets. In the gender-biased setting, girls learn to deny their own nutritional requirements in favour of younger children and male members of the household. Eating last and least, after the boys and men, is common practice, particularly in poor rural areas. Such practices, together with food taboos surrounding puberty and pregnancy and excessive workload, have contributed to an estimated incidence of iron deficiency anaemia of 75 per cent among African women aged 15 years and older.

39. In many countries, at the onset of puberty the girl child's social education into womanhood often culminates in initiation rites. While many customary initiations have important socio-cultural and educational value, some procedures create serious current and future health problems for girl children. Of all the health hazards, female genital mutilation (female circumcision, excision, infibulation, etc.) in continental Africa and the Middle East is cause for greatest concern. Harmful practices occur among various ethnic and cultural groups in a large number of countries (Burkina Faso, Chad, Djibouti, Egypt, Ethiopia, Guinea, the Islamic Republic of Iran, Liberia, Mauritania, Nigeria, Oman, Sierra Leone, Somalia, the Sudan, Uganda and the United Republic of Tanzania). Female genital mutilation is performed on young girls from ages 2 to 15 years, sometimes with coercion. The rates range from 50 per cent to over 90 per cent of the female population. Factors which perpetuate the practices include socio-cultural beliefs, tradition, male supremacy, economic interest and the inability of women to defend their rights. The practices result in painful and difficult sexual relations for adolescent girls and women, as well as psychological trauma, infections, obstructed labour and difficult child-bearing, some of which lead to maternal deaths. 3/

40. The health and nutritional problems of the girl child in South Asia, the Middle East and North Africa start in infancy. Mothers tend to breast-feed baby girls for shorter periods and provide them with less adequate supplementary foods than their brothers (Bangladesh, Egypt, India, the Islamic Republic of Iran, Pakistan, the Sudan, the Syrian Arab Republic, Tunisia and Turkey). Malnutrition in girls in these countries deteriorates rapidly as they approach puberty and menarche. This important period of growth is seriously compromised where nutritional taboos also limit the protein and iron intake of pubescent girls. Since there is scientific evidence that the pre-pubescent and early adolescent period provides the most critical and last opportunity for girls to "catch-up" on their growth and make up for nutritional deprivations suffered in childhood, innovative and flexible

programmes are urgently required to meet the health and nutritional needs of adolescent girls in all regions. 4/

41. Access by gender of children to health care differs much more significantly in South Asia, the Middle East and North Africa than in other regions. Immunization, for example, is higher for boys than for girls in Bangladesh, Egypt, India, Pakistan and Tunisia. Evidence from urban and rural studies in Bangladesh, India, Nepal and Pakistan shows that parents are more likely to spend time, effort and money to bring boys to hospitals and health centres for common childhood ailments. As girls enter adolescence, the tradition of female seclusion and restrictions on interaction with male health workers further limit their access and opportunities for health care. The short- and long-term effects include higher female child mortality rates; lower female life expectancy; and unfavourable and declining ratios of women to every 100 men in several countries (94.1 in Bangladesh; 93.3 in Bhutan; 94.3 in China; 93.5 in India; 94.8 in Nepal and 92.1 in Pakistan). 5/

Early marriage, pregnancy and child-bearing

42. Early marriage, pregnancy and child-bearing under 18 years of age remain very high in all regions. These conditions continue to exist despite the well-established negative correlations with the health of women and children, women's education, personal development, acquisition of skills and qualifications for employment. They force girls to assume parental and adult responsibilities before psychological and physiological maturity. Young adolescent mothers also face higher risk of having pregnancies that are too early, too close and too numerous. At present, adolescent girls account for approximately 25 per cent of the unacceptably high maternal mortality rates of 500 to 1,800 per 100,000 live births found in many countries in Africa, the Middle East and South Asia.

43. The reasons for early marriage and teenage pregnancy vary within cultural and socio-economic contexts. There is some indication, for example, in Central America, the Caribbean and a few other countries that some 16- to 19-year-old girls, especially from low-income communities, seek personal recognition and emotional security by having children. However, there is not much reliable evidence that girl children from 10 to 16 years old generally make conscious decisions and choices to get married or have children early. Child marriage, early pregnancy and child-bearing appear to prevail because of religious and social values, parental anxieties about the loss of girls' chastity, societal pressures, illiteracy or disillusionment with school, the desire for many children, unbearable demands of dowries and, above all, poverty.

44. Of particular concern is the marriage of girl children under the age of 15 years that occurs in several countries in Africa. In the Kaduna and Bauchi states of Nigeria, the percentage of married girls between the ages of 9 and 15 are 63 and 79 per cent respectively. By 19 years of age, over 30 per cent of girls in the United Republic of Tanzania are married and/or have children; 50 per cent in Liberia, Malawi and Namibia; 69 per cent in Ethiopia; and 90 per cent in the Bauchi and Niger states of Nigeria.

45. Traditionally, rates of early marriage and/or motherhood have been high in South Asia, the Middle East and North Africa. Although the minimum legal age of marriage for girls in Bangladesh is 18 years, a recent survey found that 73 per cent of girls married by the age of 15 years and 82 per cent by the age of 16 years. 6/ The legal minimum age of marriage for girls in Nepal and Pakistan is 16 years with parental consent and 18 years without it. This implies that at 16 years of age girls can assume the major responsibilities of marriage, pregnancy and child-bearing, but are not considered mature enough to decide for themselves if this is what they should do. In reality, many girl children are married by 12 to 15 years of age in Bangladesh, India and Nepal. In East Asia, early marriage is reported to be prevalent among certain socio-cultural or ethnic groups in Indonesia, the Philippines and Thailand.

46. Marriage of girls aged 10 to 14 years is reported in several countries in the Middle East and North Africa (Algeria, Djibouti, Oman, the Sudan, the Syrian Arab Republic and Yemen). The rates increase from 15 to 19 years of age, especially in rural areas. Thus, one third of rural girls in the Syrian Arab Republic marry before 18 years of age. In the Islamic Republic of Iran and the Sudan, 13 and 33 per cent, respectively, of girls aged 15 to 19 years are mothers. There is a serious human and social impact of such early marriages and child-bearing. The young girls spend almost 80 per cent of their lives pregnant, nursing and caring for children and serving and working for their husbands, in-laws and other family members.

47. The available evidence in Latin America and the Caribbean, however, suggests that the early initiation of sexual activity and teenage pregnancy - more than early marriage - limit the development potential of girl children. Sexual activity of girls under the age of 15 years appears to be increasing, while the levels for 15- to 18-year-olds range between 20 and 60 per cent in several countries (Argentina, Barbados, Bolivia, Brazil, Colombia, the Dominican Republic, Guatemala, Honduras, Jamaica, Mexico, Peru and Venezuela). In the absence of effective sex education and contraceptive practice, adolescent pregnancy rates are high. Between 1980 and 1988, births to girls under 15 years of age increased by 32 per cent in Venezuela, and in 1990, there were an estimated 70,000 pregnant adolescents. Argentina had 92,000 unmarried mothers between 12 and 18 years old. In 1990, 25 per cent of pregnancies reported in public hospitals in the Dominican Republic were of girls under 15 years of age; while in the Caribbean, 60 per cent of first babies were born to teenagers.

48. Teenage pregnancy is also reported to be on the rise in several countries in Africa (Botswana, Cameroon, the Congo, Ghana, Lesotho, Swaziland, Uganda, Zambia and Zimbabwe) and in Asia. Increasing poverty, urbanization, weakening family ties and changing lifestyles partly account for this. A 1991 demographic and health survey in Colombia revealed that for every married adolescent girl, 2.7 girls were living with men in non-legal unions. Resulting pregnancies force many girls to drop out of school, and separations are frequent. The above conditions increase the number of poor women heading their own households, who now account for 30 to 50 per cent of all households in Latin America, the Caribbean and Africa.

49. Septic abortions, sexually transmitted diseases (STDs) and HIV/AIDS are among the serious health consequences of the situations described above. Abortions are generally underreported for social, legal and religious reasons. But WHO and UNFPA data indicate high levels of unsafe and septic abortions in nearly all regions. A 1989 study of abortions in Brazzaville, Congo, showed that of those having abortions, 67 per cent were students, 48 per cent girls under the age of 19 years and 55 per cent unmarried women. The comparatively early age of marriage and sexual activity puts girls at great and early risk of STDs and HIV infection. For example, in Zimbabwe, the HIV infection rate among 15- to 19-year-olds is reported to be six times higher in girls than in boys. The situation is aggravated where older men are reported to be seeking younger girls as partners in the hope of avoiding infection, without any assurance that they themselves are not already HIV-positive.

50. Reporting of HIV/AIDS is improving in Latin America and the Caribbean, as well as in the Middle East and North Africa, but there are insufficient age- and gender-differentiated data. The situation in Asia poses potentially tremendous dangers for girl children and women. An early warning is given in Thailand where in 1990, 43 per cent of HIV-positive women were between the ages of 15 and 19 years. Only 4.3 per cent of boys in the same age-group were HIV-positive. Projections indicate that by 1995 there will be more women than men with HIV/AIDS in Thailand.

Education and literacy

51. The social and cultural values, practices and conditions analysed thus far have a direct impact on the educational opportunities and achievements of girl children. In regional aggregate terms, the widest gender disparities in primary education exist in Africa, the Middle East and South Asia. In Latin America, the Caribbean and East Asian countries, gender disparities in young girls are found mainly among certain disadvantaged socio-cultural, ethnic or geographic groups.

52. In Africa, a ratio of one girl to two boys in primary school is common. In 1990, over 20 million girls aged 6 to 11 years were not in school. Several countries have remarkably small proportions of girls enrolled in school - lower than 25 per cent in Burkina Faso, Chad and the Gambia and 37.2 per cent in Guinea-Bissau. Even where enrolment of girls has been high, approaching parity with boys (Cameroon, Congo, Senegal, Swaziland, the United Republic of Tanzania and Zaire), or surpassing the rates for boys (Botswana and Lesotho), disproportionately high drop-out rates tend to offset the gains of initial primary education. Thus, in northern Cameroon, 78 per cent of girls aged 11 to 12 years drop out during their last year of primary school. In the United Republic of Tanzania, where gender parity was attained under universal primary education in 1986, fewer girls enter secondary school owing to poor performance and high pregnancy-related drop-out rates. The consequences of these trends are seen in the wide gaps in literacy between women and men between the ages of 20 and 24 years, which averaged 20 per cent in 1990. 7/ Urban-biased development approaches have also resulted in an average

illiteracy rate of 75 per cent among young rural women aged 15 to 24 years, compared with a figure of fewer than 50 per cent in urban areas. In some rural areas (the Gambia and Guinea-Bissau), the illiteracy rate for women is over 90 per cent.

53. In the Middle East and North Africa, more than 70 per cent of women aged 25 years and over are illiterate. However, primary school enrolment rates for girls have increased significantly in recent years to over 75 per cent in several countries (Algeria, Egypt, Jordan, Morocco and Tunisia). Other countries (Djibouti, the Sudan and Yemen) still have wide disparities. In Djibouti, only 9 per cent of women (compared with 15 per cent of men) are literate. In Yemen, recent estimates show a ratio of 24 girls to 100 boys enrolled in primary school. In the Sudan, more than 50 per cent of girl children aged 10 to 14 are illiterate and the situation is not helped by a tradition of single-sex schools, two thirds of which are for boys.

54. Primary school enrolment rates for girls have also been increasing in South Asia in recent years and, in several cases, faster than for boys. Nevertheless, in 1990 over 30 million girls (35.4 per cent) aged 6 to 11 years did not attend any school. Preliminary results of the 1991 census in India show an encouraging but slow trend in which female literacy rose from 30 per cent in 1981 to 39 per cent in 1991. However, significant regional variations exist, with 87 per cent in Kerala and only 21 per cent in Rajasthan. It is also of concern that more than half of five- to nine-year-old girl children in India and 65 per cent aged 10 to 14 years are illiterate. Nearly one third who enter class I drop out before entering class II. Bangladesh, Nepal and Pakistan show similar trends in low participation and retention of girls. Girls in rural areas of Pakistan have less than half the chance of boys to get a primary education, where 70 per cent of primary schools are for boys and women teachers are in short supply. In East Asia, educational levels of girls are generally higher, but gender disparities exist in more disadvantaged cultural minority or geographic groups in some countries.

55. Among the complex factors that make parents and societies underinvest in girls' education are poverty, women's low status and economic dependence, preference for male children, social concerns about girls' moral safety, early marriage, teenage pregnancy, inappropriate school facilities, limited job opportunities and uncertain economic returns. The worsening economic crisis, structural adjustment and various cost-recovery programmes are also reported to have a negative impact on girls' education (Algeria, Ghana, Peru, Zambia and Zimbabwe). Faced with scarce financial resources, parents have been known to withdraw their daughters and keep their sons in school, regardless of which children display greater aptitude or achievement.

Workload

56. Children in poor families are an essential part of the labour force. They undertake important household tasks and support economic activities to ensure family survival. These activities are considered part of children's

training for life in most societies. But gender and culture influence the allocation of the tasks and girl children bear a disproportionate share. A UNICEF-supported study of children's time use in Nepal in 1990 concluded that rural girl children aged 10 to 14 years worked twice as many hours as boys and in urban areas the burden was more than twice as high. 8/

57. Most of the "feminine" responsibilities assigned to girl children from age five or six years are not only time-consuming, but span most of every day. This presents serious conflicts for the girls' health and educational development, especially where schools and clinics are located far from home and the programmes entail long hours. Heavy housework and the need to assist overworked mothers have been reported by many countries in all regions as important causes for girls of 6 to 11 years of age to drop out of school.

58. By contrast, household tasks assigned to boys (e.g., fetching water and animal fodder or selling) tend to be intermittent and less demanding and can be undertaken outside of school and clinic hours. In general, boys do not share their fathers' responsibilities so early in life and they have time to play and engage in physical exercise. Girl children have little or no such time, as they assume many adult responsibilities before the age of 10 years. These differences in the care and upbringing of children call for bold, sensitive and imaginative responses if girls are to enjoy their full rights.

Girls in especially difficult circumstances

59. UNICEF has assumed an increasing role in advocacy and direct assistance to children in especially difficult circumstances. Children in armed conflicts and working and street children in urban areas have received particular attention. It is important now to identify more clearly the gender dimensions of children in especially difficult circumstances and respond to them appropriately. For instance, street children are predominantly boys, but street girls, as studies in Brazil and the Philippines show, face greater socio-cultural disorientation and sexual abuse. 9/

60. Thousands of girls are caught in difficult, gender-specific circumstances. It is estimated that there are over 1 million girl prostitutes in both Brazil and Thailand. Growing female poverty and unemployment among youths have been cited as major causes for the rise in the number of girl prostitutes in several other countries. The sale or bondage of young rural girls from 10 or 11 years of age as "domestic servants" to wealthy families contributes to the problem. Large-scale traffic is reported in the Dominican Republic, where an organized prostitution ring has exported an estimated 200,000 girls and women to Europe for "domestic work".

61. Age- and gender-differentiated data on HIV/AIDS are incomplete, but indications from the Philippines and Thailand give cause for alarm about the health and well-being of the growing number of girl prostitutes. Tests conducted by various laboratories in the Philippines have shown that nearly half of the HIV-positive individuals (125 out of 253 in 1991) are girls and women aged 15 to 45 years, and most of them are commercial sex workers.

Although not fully explained, HIV/AIDS is quickly becoming a girl child problem in the Côte d'Ivoire, where adolescent prostitution is known. Seropositive prevalence rates in 1989 were higher for both rural and urban girls aged 15 to 19 years than for boys of the same age-group. This was not the case with women over 20 years of age. Reported AIDS cases in 1990 showed the same pattern for girls in the 15- to 19-year-old age-group. There is an urgent need, therefore, to direct specific health initiatives and economic and social empowerment efforts to girls in especially difficult circumstances in this decade.

62. Less visible and less well reported are girl domestic servants (housemaids) and victims of violence. Social, cultural and legal barriers make it difficult to report or collect evidence on these cases. In several countries in Latin America, the Caribbean, Asia and Africa, young domestic servants commonly work for very long hours with inadequate food or opportunities for health care and education. Studies in Ecuador show that girls begin working between four and seven years of age; by the age of 12 years, 90 per cent are working either as "domestic employees" or "baby-sitters". Those who are paid earn substantially less than working boys of the same age-group.

63. Several countries report that domestic servants and other young working girls are often subjected to physical violence and sexual abuse in the families where they work. In Malaysia, abused girls outnumber boys by three to one. A 1991 study in Santo Domingo, Dominican Republic, showed that 77 per cent of sexually abused children were girls and most incidents involved male members of their own family. Domestic violence is currently the sixth leading cause of death of women in that country. In Bolivia, 70 per cent of domestic servants who are raped are girl children under 15 years of age. Finally, there are girls in especially difficult circumstances who experience serious incidents of violence and rape in war situations (Liberia and Somalia).

B. Programme responses and opportunities

64. Significant progress in improving the situation of the girl child requires increased awareness, political will, commitment and concerted policy and programme actions at family, community, national, institutional and international levels. Advocacy to raise awareness and promote national and international policies is a necessary first step. It facilitates the implementation of concrete programme interventions which, so far, have been limited. However, the long-term sustainability of actions in favour of the girl child can be assured only if they are linked to a determined programme of poverty alleviation.

65. The UNICEF focus on the girl child represents a significant breakthrough in approaches to women and development. It views the issues of women's status, development and participation from their social and cultural roots within the family and community. It helps to identify the critical stages in the lives and early development of women where preventive interventions can

make a lasting difference. The girl child approach also introduces gender sensitivity into human development from the earliest stage.

66. UNICEF efforts to eliminate discrimination and reduce disparities are strongly rooted in the development of the girl child. The growing pursuit of analysis of girl child issues and practical actions is widening the scope and vigour of the organization's contribution to women and development. It has created greater harmony between various women's movements and children's concerns. It has galvanized new partnerships between UNICEF and professional, cultural and religious groups, as well as groups concerned with the environment and peace. It has also brought to the attention of society and its leaders and opinion makers that a great injustice has been done to a sector of society, and that this has also inhibited overall development.

Advocacy, research and policy development

67. In the past two years UNICEF has intensified its advocacy and social mobilization to help create a more favourable policy and social environment for the girl child in all regions. The State of the World's Children 1992 has called for an end to the "apartheid of gender" against girl children. The Convention on the Rights of the Child has been used as a major instrument in high-level advocacy, while UNICEF participation contributed to a sharper focus on girl child issues in the inter-agency publication The World's Women, 1970-1990: Trends and Statistics.

68. UNICEF has also brought the issues of the girl child to the attention of the United Nations Commission on the Status of Women. At its 1991 session, many State members and NGO observers made strong statements on behalf of the girl child as noted in the Commission's report to the Economic and Social Council. 10/ They emphasized the consequences of discrimination against women from childhood, rendering them socially and economically vulnerable. Referring specifically to the Convention on the Rights of the Child and recommendations of UNICEF, they stressed the importance of fixing definite targets and time-limits to reduce disparities progressively and achieve equality between girl and boy children by the year 2000.

69. Participation in many forums has given UNICEF the opportunity to bring girl child issues to the attention of concerned groups, including donors, the Netherlands Committee for UNICEF, the United States Committee for UNICEF, the NGO Committee on UNICEF, the NGO Committee on the Status of Women at the United Nations, the National Council of Catholic Women (United States) and the International Council of Voluntary Agencies (ICVA). In March 1991, ICVA and several of its constituent organizations made the girl child a priority focus in their emergency, relief and development work. As a follow-up to the ICVA decision, the Australian Council for Overseas Aid made the subject of the girl child a central theme of its annual general meeting at Canberra in September 1991. The UNICEF NGO Committee Subgroup on Education has also worked to implement its decision on priority for the girl child. In November 1991, it brought together experts and practitioners from major specialized NGOs, the Rockefeller Foundation, the World Bank and UNICEF field

offices and headquarters to exchange views and identify strategies. The Subgroup has planned major follow-up activities for 1992.

70. Women's organizations, religious (especially Muslim) leaders and national and international NGOs in all regions have joined Governments and UNICEF to sensitize the public and promote the girl child through seminars, workshops and media events (Botswana, Djibouti, the Dominican Republic, Egypt, Guinea, India, Indonesia, Kenya, Mexico, Morocco, Mozambique, Namibia, Nepal, Nigeria, Oman, Pakistan, the Philippines, Thailand and the United Republic of Tanzania). A UNICEF publication, The Girl Child: An Investment in the Future, shared with key policy makers, parliamentarians, NGOs and the media, was also used as a reference by many countries in elaborating their national programmes of action to implement the goals and objectives of the World Summit for Children.

71. Successful advocacy, policies and programmes depend on the availability of reliable information and data on the magnitude and complexities of the discrimination against girl children and disparities in their upbringing. In this regard, progress has been achieved by nearly 50 countries since 1990 in policy- and action-oriented research. The studies were carried out mainly by national researchers and institutions, thus promoting local capacity-building in this field. Several countries, including Argentina, Bangladesh, Botswana, the Dominican Republic, India, the Islamic Republic of Iran, Kenya, Nepal, the Philippines and the Sudan, have undertaken full situation analyses on the girl child.

72. Many countries have adopted a cost-effective approach to use ongoing data collection systems to gather and disseminate information on girl children (Bolivia, Colombia, the Dominican Republic, the Eastern Caribbean islands, Ecuador, Indonesia, Peru, the Philippines and Uganda). Other countries have supported operational research focused on specific problems, particularly health, education, teenage pregnancy, workload, girls in especially difficult circumstances and indicators for monitoring the progress of the girl child (Chile, Ghana, Guinea, Haiti, India, Indonesia, Kenya, Nigeria and Turkey).

73. Unique opportunities have been created in this decade with the Convention on the Rights of the Child and the formulation of national programmes of action in favour of disadvantaged girl children and women. Most of these programmes have emphasized a holistic approach and the necessary synergism that must exist in development efforts dealing with children, women and families. At the same time, several have highlighted the priority for the girl child and strategies to eliminate gender discrimination and reduce disparities (Bangladesh, Bhutan, India, Kenya, Morocco, Namibia, Sri Lanka and Tunisia). Country-level plans of action as well as the Regional Decade Action Plan for the Girl Child have been formulated by the South Asian Association for Regional Cooperation countries, with major support from UNICEF. Bangladesh has incorporated girl child issues in its fourth five-year development plan (1991-1995).

74. Countries in the Middle East and North Africa region have planned a major Conference on the Arab Child in 1992 in collaboration with the League of Arab States. The issues of girl children are expected to be highlighted since the region has already declared them a priority. Given the magnitude of the problems affecting African girl children, UNICEF will have to intensify its advocacy and support to ensure that they are given priority attention by the countries of the region.

Social and legal status

75. Changing the social status of the girl child will take considerable time in most countries, but the process cannot be delayed. The UNICEF experience (in Bangladesh, India, Indonesia, Kenya, Nigeria, the Philippines, Turkey and the United Republic of Tanzania) shows that significant results can be achieved if advocacy, social mobilization and interventions are decentralized and focused on the family, household and community levels in integrated area-based programmes or strategies. Such approaches have the best chance of involving parents and social and religious leaders and potential for involving boys and men. However, much more effort and appropriate strategies are needed.

76. Most countries have reported the existence of laws and sectoral policies that provide equal opportunities for the growth and development of girl and boy children. Many countries have also established national councils, commissions or interministerial committees for children to ensure implementation of the Convention on the Rights of the Child. As the UNICEF Executive Board agreed in 1991, the interests of the girl child should be safeguarded by implementing the Convention in conjunction with CEDAW. The Commission on the Status of Women supported this recommendation in resolution 35/3 of 1991, calling for "a close relationship between the Committee on the Elimination of Discrimination Against Women and the Committee on the Rights of the Child and other United Nations human rights bodies and between the relevant secretariats of those Committees". 11/ In this regard, it is noteworthy that a process started in 1990 by several countries, with UNICEF support, to review national legislation, in the light of the Convention and CEDAW, has accelerated in several countries, including Bangladesh, Bolivia, Botswana, Cape Verde, Guatemala, Guinea, Indonesia, Kenya, Mozambique, the Niger, Nigeria, the Philippines, the Syrian Arab Republic, Thailand, Uganda, the United Republic of Tanzania and Zambia.

77. In accordance with the requirements of the Convention on the Rights of the Child, the legal status and social development of girl children must be ensured by countries and their development partners to guarantee the girls' future competence, not only in their role as mothers, but as a matter of human rights and social justice. UNICEF programmes of cooperation will, therefore, be encouraged to increase their assistance to girl children and women in the information, knowledge and training required for them to utilize existing or new laws and policies in their favour. This effort will be pursued in collaboration with the United Nations Centre for Human Rights, other relevant United Nations bodies, national women's organizations and associations of women lawyers.

Health and nutrition

78. Effective sectoral responses and action in support of girl children can be assured when these issues are integrated, and highlighted, within overall programmes of cooperation. Bangladesh, the Eastern Caribbean islands, Ecuador, Ethiopia, Guatemala, India, Indonesia, Kenya, Morocco, Namibia, Nigeria, Pakistan and Venezuela are among the many countries whose country programmes of cooperation have articulated a central priority for girl children. The Government of Morocco has made "La petite fille aussi" a priority theme for the entire country programme strategy and planned interventions for the 1992-1996 period.

79. The Middle East and North Africa and South Asia regions have tackled gender differentials in health care and nutrition for children through intensified advocacy using the media, workshops, parental education, training of caregivers and paramedical personnel and strong collaboration with NGOs and bilateral and United Nations agencies. The safe motherhood initiative and cooperation with UNFPA on family planning and child-spacing are also providing opportunities to address adolescent fertility problems within primary health care and maternal and child health programmes (Botswana, China, India, Indonesia, Malawi, Nigeria, the Philippines and Yemen). Egypt, India, Namibia and other countries have attempted to define the health needs of girls (and women) holistically through research and integrated programme planning, rather than focusing primarily on maternal health. Unless reproductive and maternal health are indicated as the predominant health problems, country programmes will be encouraged to broaden their perspective. This will ensure that adolescent girls have adequate information, knowledge, services and empowering skills to sustain their overall health and nutrition, regardless of their age or motherhood status.

80. On HIV/AIDS, UNICEF is supporting innovative projects in school health education and interpersonal communications for behaviour change (Uganda) and community-based, AIDS-prevention education for high-risk groups, particularly women (Philippines). The UNICEF office in Thailand is working with a diversified group of NGOs on pilot activities in health education and counselling for schoolchildren, low-salaried young women who are forced or drawn into part-time commercial sex and minorities whose HIV-positive prevalence rates are 30 to 40 times higher than the national average. Given the scale of the AIDS pandemic in Africa and its potential explosion in Asia, and with the projected predominance of adolescent girls among the victims in this decade, major UNICEF, WHO and inter-agency efforts are urgently required to assist and empower girls and young women, especially in these two regions, with knowledge and other supportive measures.

81. The genital mutilation of girl children is recognized as a culturally sensitive subject. UNICEF policy is to approach the topic through local leadership groups. Following this approach, the topic is being studied and discussed increasingly by national advocates, women's groups, local NGOs and political and religious leaders in several countries (Burkina Faso, Chad, Djibouti, Guinea-Bissau, Kenya, Nigeria, Senegal, Sierra Leone, the Sudan and

the United Republic of Tanzania). The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) has played a leading role in this area. IAC has received continuing support from UNICEF, UNFPA, WHO, the United Nations Economic Commission for Africa, the Organization of African Unity and several concerned NGOs. The UNICEF Regional Office in Nairobi and UNICEF office in Ethiopia have been particularly active participants and sponsors of IAC activities.

82. Under its Plan of Action to eradicate female genital mutilation and other harmful practices by the year 2000, IAC has helped to establish 22 national committees in Africa to combat the practices. Several of these committees, as well as related national women's organizations, are supported by UNICEF (Djibouti, Ethiopia, Guinea-Bissau, Mali, Nigeria, Somalia and the United Republic of Tanzania). UNICEF has also helped by providing publications and advocacy materials. For example, the UNICEF office in Burkina Faso devoted a whole issue of its newsletter, La carte de l'enfant (No. 22 of November-December 1990), to female excision and shared it with many countries. The first-ever study of the subject in Chad, Rapport d'enquête sur l'excision féminine, was published jointly by the Ministry of Planning and Cooperation and UNICEF in August 1991. In view of the high incidence and prevalence of the problem in the Middle East, North Africa and Africa regions, greater concerted actions and sensitive human rights campaigns will be needed if States Parties are to meet their obligation under the Convention on the Rights of the Child to take "all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children".

Early marriage, pregnancy and motherhood

83. Experience from many regions and other agencies shows that the reduction in early marriage, adolescent pregnancy and motherhood requires massive advocacy campaigns and sensitive social mobilization, as well as accelerated progress in girls' education and women's economic independence and behavioural changes, especially on the part of male family members and community leaders. As noted above, the Department of Religious Affairs and the Office of the State Minister for the Role of Women in Indonesia, in cooperation with several major women's organizations, have engaged in an intensive nationwide campaign to reduce early marriage. In a new cooperative effort with the Senior Advisory Council of Islamic Leaders, UNICEF convened a national workshop in December 1990 for over 100 Muslim scholars, scientists and experts, as well as NGOs from all the 27 provinces of Indonesia, to discuss and find solutions to the problem. The workshop produced an educational booklet, Islamic Teaching and Prevention of Early Marriage, which was distributed widely.

84. UNICEF has also helped to train Islamic village-level marriage counsellors from districts in five selected provinces of Indonesia to motivate, advise and ensure that brides-to-be receive immunization against tetanus toxoid. The initiative is expected to be implemented throughout the country and has the potential to incorporate other necessary family life and child-care education. The Philippines has also made progress in working with

Muslim religious leaders on early marriage and other girl child issues. In Nigeria, a massive social mobilization effort under the auspices of the First Lady and various women's associations is supported by UNICEF. It has influenced the passage of laws against early and forced marriages in some of the predominantly Muslim states. Penalties have also been instituted for impregnating girls. The lessons of the Indonesian, Nigerian and Philippine experiences will be synthesized and shared with other UNICEF country offices.

85. Other projects to reduce early marriage and teenage pregnancy are reported in Bolivia, Botswana, Cameroon, Chile, the Congo, the Dominican Republic, Jamaica, Kenya, India, Oman, Pakistan, the Sudan, Syrian Arab Republic and the United Republic of Tanzania. The different projects provide training, counselling, family planning education, child-care services and safe homes for adolescent mothers, as well as income-generating activities. In most of these activities, UNICEF collaborates with UNFPA, WHO, UNIFEM, USAID and other bilateral agencies and NGOs.

Education and literacy

86. In 1990, education of girls emerged as a priority in UNICEF programmes of cooperation, in line with the goals of the World Conference on Education for All and the World Summit for Children. In the 1991 staff training programme in Africa, Asia, the Middle East and North Africa, particular emphasis was placed on improving opportunities for the girl child. The training also dealt with gender-responsiveness in early childhood development, parental education and the full involvement of the family and community, particularly boys and men, in identifying and solving the educational problems of girls. In 1991, the Women's Development and Basic Education Sections of the UNICEF Eastern and Southern Africa Regional Office undertook eight general situation analyses and three educational sector case studies (in Botswana, Kenya and Madagascar) in preparation for a regional workshop to be held in 1992 on effective programming for education of the girl child.

87. UNICEF is supporting a variety of other activities in all regions: training of women teachers (Bangladesh, China and Yemen); provision of water supply and sanitation facilities to ensure girls' privacy in school (Pakistan); literacy or continued education projects linked to skills training and employment creation for young girls, drop-outs or adolescent mothers (Cameroon, the Caribbean, Indonesia, the Sudan and Turkey); and studies on how to increase enrolment, reduce drop-out rates and remove gender stereotypes from textbooks (Bangladesh, Chile, Ecuador, Ethiopia, the Gambia, Guatemala, Guinea, Somalia, the Syrian Arab Republic and Turkey). UNICEF advocacy and social mobilization have also contributed to affirmative action policies or legislation in favour of girls' education. The 1990 declaration of free education for rural girls to grade 8 in Bangladesh is one notable example. In Nigeria, school fees have been waived for girls in many states in the North. In the Kaduna, Niger and Bauchi states, laws prohibit the withdrawal of girls from school for purposes of early marriage.

88. Where educational disparities are severe, UNICEF has made significant contributions in collaboration with other donors and NGOs. An important example is the Bihar Education Project which responds to the educational needs of girls and women. UNICEF has also supported the expansion of the Bangladesh Rural Advancement Committee alternative educational programme which caters to over 100,000 disadvantaged children, 70 per cent of whom are girls. A significant strength of the BRAC programme has been shorter and flexible school hours which enable girls to attend school. In China, UNICEF has provided seed money within integrated basic services programmes to establish scholarships for selected girls who become role models in disadvantaged communities. Scholarship funds for poor girls are to be established from part of the profits of income-generating activities supported by UNICEF and local authorities.

89. Much greater efforts are needed in resource mobilization and culturally sensitive methodologies for planning of formal as well as alternative education programmes for the millions of girls who are out of school. The programmes should aim both to reduce the financial and opportunity costs to the girls' families and to train them for employment and income-earning. Since the World Conference on Education for All in March 1990, UNICEF collaboration with major partners - the World Bank, UNDP, UNESCO, the Rockefeller Foundation, bilateral donors and NGOs - has focused on making the education of girl children a priority, especially in the most seriously affected countries in Africa, South Asia and the Middle East. However, there is a need for effective monitoring of girls' participation where cost-recovery schemes are introduced in schools. Curriculum reform and massive public education should be undertaken to promote the positive values of girls' education.

Workload

90. In general, with the exception of the water supply and sanitation programme, not much attention has been given in programmes of cooperation to the need to free girl children (and women) from their onerous tasks. In many countries, rural water supply programmes save girls and women three to six hours a day and help to conserve their energy. Such alternative educational programmes as those of the Bangladesh Rural Advancement Committee, with convenient hours and location, enable girls to learn but do not necessarily reduce their daily workload. Appropriate technology support is also limited to a few countries for food processing in the form of grinding mills (Ecuador, Ghana, Nigeria and Senegal) or improved stoves (Ethiopia and Kenya).

91. In Ecuador, UNICEF and the National Family and Child Institute have initiated a project for 5,000 working girls aged 6 to 14 years which provides them, among other things, with little carts to carry their various loads and reduce their physical exertion. Successful community-based, child-care services have been developed in several countries to relieve girls from caring for their siblings (China, Ethiopia, the Philippines and the United Republic of Tanzania); but they need to become more widespread to meet the needs of the poorest families and girls. Ultimately, the problem of the workload of the

girl child (and woman) may be solved through two fundamental changes: (a) equitable work-sharing between boys and girls, and men and women, with respect to the care and well-being of the family; and (b) recognition of the economic value of women's and girls' work and their contribution to the development process.

Girls in especially difficult circumstances

92. Actions for girls in especially difficult circumstances have been developed as integral parts of programmes for children in especially difficult circumstances in Brazil, Chile, Côte d'Ivoire, Guatemala, Egypt, Kenya, Peru, the Philippines and Senegal. However, awareness is low and data are insufficient on most of the "invisible" girls in especially difficult circumstances (the sexually abused, domestic servants, etc.). Thus, several countries, including Argentina, Chile, Côte d'Ivoire, the Dominican Republic and Ecuador, are supporting major studies within the children in especially difficult circumstances programmes on domestic servants, street girls, sexually abused girls and child prostitutes. Research and educational and other social development interventions for street girls are also being advanced in Brazil and the Philippines through UNICEF collaboration with NGOs involved in child protection. In 1991, UNICEF, WHO, PAHO, the International Research and Training Institute for the Advancement of Women (INSTRAW) and several NGOs supported the Women's Bureau in the Dominican Republic to organize a national seminar and launch a campaign against trafficking in girls and women.

93. In Sri Lanka, UNICEF has assisted a project to provide shelter, protection and education for girl child beggars and other street girls. In the war-torn countries of Liberia and Somalia, UNICEF is supporting counselling and other services for girls traumatized by violence. UNICEF has collaborated with the Ministry of Youth and Sports in Morocco to establish at Casablanca a pilot Centre for the Rehabilitation of Girls in Especially Difficult Circumstances. The girls, aged 8 to 16 years, come from poverty-stricken areas where they had suffered from early marriage, prostitution and drugs. They receive clothes, food and training in health, nutrition, family planning, child care and economic skills.

94. Most country reports and experiences make it clear that, whatever the circumstances, a focus on the family and its empowerment will yield the most lasting beneficial results for the girl child. Such a focus on the family is urged by the Convention on the Rights of the Child and the World Summit for Children. UNICEF is strengthening its attention to the family in its advocacy and programming. This is also timely in view of the 1994 International Year of the Family.

III. FURTHER ACTIONS

95. The underlying problems of cultural attitudes, inequitable gender distribution of power across the social, economic and political spectrum and poverty remain major challenges to be overcome in efforts to improve the status and role of women. While culture is a crucial bond in society, it can sometimes be used unquestioningly to perpetuate a system of inequality against girl children and women merely for being born female. Therefore, fundamental changes are needed in the socialization and education of children, both girls and boys, as well as in the complex system of attitudes, power and privileges that determine the allocation of resources and entitlements between women and men within the family, community and nation.

96. Some of the changes envisioned will take considerable time to achieve. Other more practical changes are possible sooner if efforts are intensified under the impetus of CEDAW, the Convention on the Rights of the Child, the World Summit and the goals for human development in the 1990s. With adequate political will and commitment, the historic concerns of girl children, adolescent girls and women can be discussed more openly, researched more deeply and resolved more harmoniously and appropriately in particular societal and cultural contexts. To this end, UNICEF should intensify its advocacy and catalytic role to support countries and mobilize other development partners, especially WHO, UNFPA, UNIFEM, UNDP, UNESCO, the World Bank, bilateral donors and NGOs, to accelerate further actions in the following areas.

A. Women's status and development

97. The status and development of women should be addressed through:

(a) Advocacy and social mobilization nationally and internationally to promote the adoption and implementation of policies and legislation to ensure women equal status and access to resources and opportunities, with particular attention to poor women and those heading households;

(b) Provision of information, education and training to women on their rights, on legislation and on how to utilize them to their greatest advantage;

(c) Promotion of specific laws to ensure women's equitable rights in inheritance, marriage and divorce;

(d) Strengthening of women's income and employment opportunities to assure economic independence, a critical factor in status and personal development;

(e) Capacity-building to empower women's groups, organizations and national machineries to be fully involved in the economic, social and political decision-making processes, especially in democratization and other changes affecting their societies;

(f) Involvement of men and women in training programmes in gender awareness, analysis and planning to encourage positive attitudes regarding their relationships and responsibilities in society and development;

(g) Awareness of possible gender disparity in all the programmes developed and implemented, taking necessary corrective measures;

(h) Ensuring that the goals for children and human development in the 1990s respond to the needs of women in a synergistic manner.

B. The girl child

98. Among the major goals that must be achieved are:

(a) Massive national, regional and international advocacy, and mobilization of a wider range of partners (Governments; NGOs; movements in support of youth, women, environment and peace; religious groups; professional associations; research and development institutions; media; donors; and development agencies). This will promote time-bound policies, legislation and programmes in three critical areas: (i) an increase in girls' education through compulsory universal primary education and other supportive measures; (ii) promotion of girls' health and nutrition; and (iii) reduction of early marriage and adolescent pregnancies;

(b) Empowerment of families with information and the economic and social means to give equal treatment and opportunities to all children, regardless of sex;

(c) Promoting acceptance of 18 years as the minimum age of marriage for girls;

(d) Review by national councils, commissions or committees on children of the laws and development opportunities for children from a gender perspective, with a view to reducing disparities and achieving gender equality and justice by the year 2000;

(e) Development, through government, UNICEF, NGO, inter-agency and donor collaboration, of innovative and experimental projects in a limited number of carefully selected countries to resolve key girl child issues. Successful projects should be replicated;

(f) Promotion of exchange of experiences between different countries and regions through information-sharing and workshops on effective research methodologies, policies and action programmes to combat preference for male children, early marriage, female genital mutilation, violence against women and girls and teenage pregnancy;

(g) Targeted mobilization of boys and men within the family and community in the search for solutions to concerns of girl children. Men and

boys must be encouraged to assume seriously their responsibility in the survival, protection and development of girl children to their full human potential;

(h) Monitoring the goals for children in the 1990s from a gender perspective to reduce disparities and ensure equity.

Notes

1/ United Nations, The World's Women 1970-1990: Trends and Statistics (New York, 1991), table 1, pp. 22-25.

2/ C. Sathyamala, N. Sunharam and N. A. Bharot, Taking Sides: The Choices before the Health Worker (Madras, Asian Network for Innovative Training Trust (ANITRA), 1986).

3/ United Nations, Report of the United Nations Seminar on Traditional Practices Affecting the Health of Women and Children (Burkina Faso, 29 April-3 May 1991 (E/CN.4/Sub.2/1991/48)); Nafis Sadik, State of the World Population (New York, UNFPA, 1989); Report on the Regional Conference on Traditional Practices Affecting the Health of Women and Children in Africa (Ethiopia, 19-24 November 1990, organized by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)).

4/ J. E. Rohde, "Principles and Strategies of Programming for Adolescent Girls", Indian Journal of Maternal and Child Health, vol. I, No. 1 (1990), pp. 3-7; S. Vir, "Adolescent Growth in Girls - The Indian Perspective", Indian Journal of Pediatrics, No. 2 (1990), pp. 1,249-1,255.

5/ The World's Women, op. cit., p. 11.

6/ Ibid., p. 13.

7/ Ibid., pp. 45-47.

8/ Subarna L. Singh, Work Burden of a Girl Child in Nepal: An Analysis by Poverty Levels (Kathmandu, Ministry of Labour and Social Welfare, Women Development Division and UNICEF, 1990).

9/ Maggie Black, Philippines: Children of the Runaway Cities (Florence, UNICEF Innocenti Studies, 1991); Anthony Swift, Brazil: The Fight for Childhood in the City (Florence, UNICEF Innocenti Studies, 1991).

10/ Official Records of the Economic and Social Council, 1991, Supplement No. 8 (E/1991/28), paras. 86 and 88.

11/ Ibid., chap. I, sect. C.